



City of Sacramento
DISPENSARY PERMIT
Medical | Adult Use

Organization Name: **THC SACRAMENTO**

Permit Number: **1008822-3**

Address of Operation: **6666 FRUITRIDGE ROAD #C
SACRAMENTO, CA 95820**

Issue Date: **January 29, 2019**


Expiration Date: **January 29, 2020**

Permit Holders:

**Garib Karapetyan
Andrey Kukushkin**

Days of Week and Hours of Operation:

Monday – Sunday 7 am to 9 pm


Joe Devlin, Chief, Office of Cannabis Policy & Enforcement

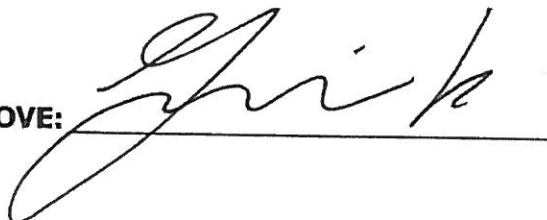
Managers:

- | | |
|----------------------|--------------------|
| 1. Austin Richardson | 3. Kevoni Briscoe |
| 2. Katarina Pekari | 4. Derrick Shorter |

Conditions:

1. This permit must be posted in a conspicuous place at the place of business.
2. The dispensary shall adhere to ALL operating requirements in accordance with Sacramento City Code section 5.150
3. City officials may inspect the dispensary at any reasonable time, may demand copies of records maintained by the dispensary except for private medical records and no dispensary shall refuse or interfere with any inspection.
4. Violation of the conditional use permit's conditions, any City Code, and any State law may be grounds for suspending or revoking the dispensary permit.
5. The dispensary shall comply with the approved security plan.
6. A building permit is required for all construction that is proposed or completed without a permit.
7. The permit holder is required to pay all applicable taxes, including the city business operations tax (pursuant to chapter 3.08 of the Sacramento City Code) and state sales tax.
8. The dispensary shall maintain a written accounting of all income and expenditures, including cash and in-kind transactions, reimbursement, and compensation; and an inventory record documenting the dates and amounts of cannabis received, stored, sold, and distributed.
9. The permit holder shall not submit falsified documentation or misleading information to the City.
10. A City approved manager must be on-site at all times any other person is on site, except for security guards.
11. The dispensary shall maintain its business records for at least three years and produce them to the city within 24 hours after receipt of the city's request.
12. Maintain a Point-of-Sale system that can distinguish Medical and Adult Use transactions and interface with the State's Track-and-Trace system.
13. The permit holder shall remit Business Operations Tax payments on the first day of each month for the prior month. The permit holder shall remit within 30 days of notification, any past due or under-reported Business Operations Taxes Identified by the City.
14. The permit holder shall provide the City with a quarterly written summary of any and all security breaches, alarm activations, private security responses and any other security-related calls for service responded to by the Sacramento Police Department or other law enforcement agencies.

I AGREE TO THE CONDITIONS LISTED ABOVE:





State of California Secretary of State

N

Statement of Information

(Domestic Nonprofit, Credit Union and General Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions.
IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

G394159**FILED**

In the office of the Secretary of State
of the State of California

FEB-07 2019**1. CORPORATE NAME**

SHARP SOURCE

2. CALIFORNIA CORPORATE NUMBER

C3606632

This Space for Filing Use Only

Complete Principal Office Address (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)**3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY**

CITY

STATE ZIP CODE

701 12TH ST. SUITE 201, SACRAMENTO, CA 95814

4. MAILING ADDRESS OF THE CORPORATION

CITY

STATE ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)**5. CHIEF EXECUTIVE OFFICER/**

ADDRESS

CITY

STATE ZIP CODE

GARIB KARAPETYAN 701 12TH ST. SUITE 201, SACRAMENTO, CA 95814

6. SECRETARY

ADDRESS

CITY

STATE ZIP CODE

GARIB KARAPETYAN 701 12TH ST. SUITE 201, SACRAMENTO, CA 95814

7. CHIEF FINANCIAL OFFICER/

ADDRESS

CITY

STATE ZIP CODE

ANDREY KUKUSHKIN 701 12TH ST. SUITE 201, SACRAMENTO, CA 95814

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.

8. NAME OF AGENT FOR SERVICE OF PROCESS (Note: The person designated as the corporation's agent MUST have a power to act in that capacity prior to the designation.)
PAUL CLEMONS**9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL**

CITY

STATE ZIP CODE

701 12T ST. SUITE 201, SACRAMENTO, CA 95814

Common Interest Developments

10. ☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act, (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act, (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). Please see instructions on the reverse side of this form.

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

02/07/2019

GARIB KARAPETYAN

CEO

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE

LLC-1

Articles of Organization of a Limited Liability Company (LLC)

201616610061

To form a limited liability company in California, you can fill out this form, and submit for filing along with:

- A \$70 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you **drop off** the completed form.

Important! LLCs in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to <https://www.ftb.ca.gov>.

LLCs may not provide "professional services," as defined by California Corporations Code sections 13401(a) and 13401.3.

Note: Before submitting the completed form, you should consult with a private attorney for advice about your specific business needs.

FILED
Secretary of State
State of California

JUN 13 2016

This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm.

LLC Name (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

① **KKMC Management, LLC**

Proposed LLC Name

The name **must** include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and **may not** include: bank, trust, trustee, incorporated, inc., corporation, or corp., insurer, or insurance company. For general entity name requirements and restrictions, go to www.sos.ca.gov/business/be/name-availability.htm.

Purpose

- ② The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

LLC Addresses

③ a. **1013 Galleria Blvd., Suite 290** **Roseville** **CA** **95678**

Initial Street Address of Designated Office in CA - Do not list a P.O. Box

City (no abbreviations)

State Zip

b.

Initial Mailing Address of LLC, if different from 3a

City (no abbreviations)

State Zip

Service of Process (List a California resident or a California registered corporate agent that agrees to be your initial agent to accept service of process in case your LLC is sued. You may list any adult who lives in California. You may **not** list an LLC as the agent. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file.)

④ a. **Brad Hirsch**

Agent's Name

b. **1013 Galleria Blvd., Suite 290** **Roseville** **CA** **95678**

Agent's Street Address (if agent is not a corporation) - Do not list a P.O. Box

City (no abbreviations)

State Zip

Management (Check only one.)

- ⑤ The LLC will be managed by:

☐

One Manager

☐

More Than One Manager

☒

All Limited Liability Company Member(s)

This form must be signed by each organizer. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are made part of these articles of organization.

Organizer - Sign here

Brad Hirsch

Print your name here

Make check/money order payable to: **Secretary of State**

Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail

Secretary of State
Business Entities, P.O. Box 944228
Sacramento, CA 94244-2280

Drop-Off

Secretary of State
1500 11th Street., 3rd Floor
Sacramento, CA 95814



**Secretary of State
Statement of Information
(Limited Liability Company)**

97

LLC-12

16-321587

FILED
Secretary of State
State of California

AUG 05 2016

See Secretary of State's
records for exact entity name.
08-22-2016 jmc

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees — Face Page \$1.00 & .50 for each attachment page;
Certification Fee - \$5.00

376.50 / 356 / 20 / CC
This Space For Office Use Only

1. Limited Liability Company Name
KKMC, LLC

2. 12-Digit Secretary of State File Number
201616610061

3. State or Place of Organization (only if formed outside of California)

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 1013 Galleria Blvd., Suite 290	City (no abbreviations) Roseville	State CA	Zip Code 956787
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b Andrey	Middle Name	Last Name Kukushkin	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 1013 Galleria Blvd., Suite 290	City (no abbreviations) Roseville	State CA	Zip Code 95678

6. Agent for Service of Process

Item 6a and 6b: If the agent is an **individual**, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. **Item 6c:** If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

a. California Agent's First Name (if agent is not a corporation) Bradley	Middle Name L	Last Name Hirsch	Suffix
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box 1013 Galleria Blvd., Suite 290	City (no abbreviations) Roseville	State CA	Zip Code 95678
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b			

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
Management and Consulting

8. Chief Executive Officer, if elected or appointed

a. First Name Andrey	Middle Name	Last Name Kukushkin	Suffix
b. Address 1013 Galleria Blvd., Suite 290	City (no abbreviations) Roseville	State CA	Zip Code 95678

9. The information contained herein, including any attachments, is true and correct.

08/02/16

Bradley L Hirsch

Attorney

Date

Type or Print Name of Person Completing the Form

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: []
Company: []
Address: []
City/State/Zip: []



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

16-321587

A. Limited Liability Company Name

KKMC, LLC

This Space For Office Use Only

B. 12-Digit Secretary of State File Number

201616610061

C. State or Place of Organization (only if formed outside of California)

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

2a. First Name - Do not complete Item 2b Garib	Middle Name	Last Name Karapetyan	Suffix
2b. Entity Name - Do not complete Item 2a			
2c. Address 1013 Galleria Blvd., Suite 290	City (no abbreviations) Roseville	State CA	Zip Code 95678
3a. First Name - Do not complete Item 3b Andrey	Middle Name	Last Name Muraviev	Suffix
3b. Entity Name - Do not complete Item 3a			
3c. Address 1013 Galleria Blvd., Suite 290	City (no abbreviations) Roseville	State CA	Zip Code 95678
4a. First Name - Do not complete Item 4b	Middle Name	Last Name	Suffix
4b. Entity Name - Do not complete Item 4a			
4c. Address	City (no abbreviations)	State	Zip Code
5a. First Name - Do not complete Item 5b	Middle Name	Last Name	Suffix
5b. Entity Name - Do not complete Item 5a			
5c. Address	City (no abbreviations)	State	Zip Code
6a. First Name - Do not complete Item 6b	Middle Name	Last Name	Suffix
6b. Entity Name - Do not complete Item 6a			
6c. Address	City (no abbreviations)	State	Zip Code
7a. First Name - Do not complete Item 7b	Middle Name	Last Name	Suffix
7b. Entity Name - Do not complete Item 7a			
7c. Address	City (no abbreviations)	State	Zip Code
8a. First Name - Do not complete Item 8b	Middle Name	Last Name	Suffix
8b. Entity Name - Do not complete Item 8a			
8c. Address	City (no abbreviations)	State	Zip Code